

HASP Amendment #1 for Carter Coat on September 2 2008

Amendment is to include Site walk activities

PPE will be modified Level D to include steel toed boots, hard hat and safety glasses

HEALTH AND SAFETY PLAN FORM

This document is for the exclusive use of TN&Associates its subcontractors and EPA

TN & ASSOCIATES**TN&Associates Health and Safety Program****Site Name: Carter Coat****EMERGENCY CONTACTS**

Site Telephone NA
EPA Release Report #
TN&Assoc 24-Hr Emergency # 678-255-5524
Facility Management
Other (specify)
CHEMTREC Emergency # 1 800-424-9300

CONTINGENCY PLANS.*Summarize below*

Contact corporate Health and Safety officer William Fink at 414-234-7845

EMERGENCY CONTACTS**NAME**

Health and Safety Manager Bill Fink
Project Manager Steve Wolfe
Site Safety Coordinator Steve Wolfe
Client Contact (EPA RPM) Jeff Kimble
Other (EPA HRS coordinator)
State Agency MDEQ Pat Thornton
State Spill Number
Fire Department
Police Department
State Police
Health Department
Poison Control Center
Occupational Physician Dr. Jerry Berke
Health Resources

Non-Responsive

NA
911 or 313-596-2900
911 or 313-876-0063
911
NA
800-848-6946
800-350-4511

MEDICAL EMERGENCY**PHONE**

Hospital Name Greater Detroit Hospi 313-369-3000
Hospital Address 3105 Carpenter Street, Detroit, MI
Name of Contact at Hospital
Name of 24-Hour Ambulance American Ambulance 313-863-2000
Route to Hospital (see attached sheet)

HEALTH AND SAFETY PLAN APPROVALS

Prepared by _____ Date _____
DHSC Signature Ronald Rugg (verbal approval) Date 12/4/2007
HSM Signature _____ Date _____

Distance to Hospital 2.6 miles

HEALTH AND SAFETY PLAN FORM

TN&Associates Health and Safety Program

*This document is for the exclusive
use of TN&Associates its subcontractors and EPA*

TN & ASSOCIATES

Site Name Carter Coat

PROJECT NAME Carter Coat
PROJECT# S05-0709-001
LOCATION 6051 Hastings Street
Detroit, Michigan

DATE _____

CLIENT
EPA CONTACT/PHONE #
LOCAL/SITE CONTACT PHONE #

U S EPA
Jeff Kimble Non-Responsive
NA

INCIDENT DESCRIPTION

U S EPA has requested START to perform a Site Assessment at the Carter Coat property in anticipation of a Removal Action

SOURCE OF PRELIMINARY

INFORMATION Michigan Dept of Environmental Quality

ANTICIPATED TASKS

(e.g. collect surface soil samples)

(1) Document Site Conditions (2) Collect Surface Soil Samples (3) Field test waste streams previously identified by MDEQ (4) Collect Samples of waste streams for analysis (5) Collect wipe samples of concrete for PCB analysis (6) use a hand drill or hammer and chisel to collect wood samples

TYPE *Check as many as applicable*

Active	<input type="checkbox"/>	Landfill	<input type="checkbox"/>	Spill	<input type="checkbox"/>
Inactive	<input checked="" type="checkbox"/>	Uncontrolled	<input type="checkbox"/>	Fire	<input type="checkbox"/>
Secure	<input checked="" type="checkbox"/>	Industrial	<input checked="" type="checkbox"/>	Military	<input type="checkbox"/>
Unsecure	<input type="checkbox"/>	Recovery	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Enclosed space	<input type="checkbox"/>	Well Field	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

DESCRIPTION AND FEATURES

Include principal operations and unusual features (containers buildings dikes power lines hillslopes rivers etc.)

A Large six-story building covers one half of the property the rest of the property was primarily used for parking There are two USTs (gasoline) located on the outside of the building The floor is mostly concrete however wood block flooring is present on all six stories Access to the property is restricted via fencing

SURROUNDING POPULATION

☒ Residential ☒ Industrial ☒ Commercial ☐ Rural ☒ Urban ☐ Other

HEALTH AND SAFETY PLAN FORM

TN & Associates Health and Safety Program

This document is for the exclusive

use of TN&Associates its subcontractors and EPA

TN & ASSOCIATES

Site Name Carter Coat

HISTORY*Summarize conditions that relate to hazard. Include citizen complaints spills, previous investigations or agency actions, known injuries, etc*

General Motors Corporation operated the facility between 1919 and 1984 GMC generated halogenated and non halogenated spent solvents, spent plating wastes ignitable and corrosive wastes at this location. Between 1985 and 1990 the facility was owned by Cameo Color Coat, Inc and the property transferred to Carter Color Coat in 1990 until they declared bankruptcy in 1993 GMC conducted a removal action at the property in the early 1990s removing paints and other hazardous materials from the property MDEQ and their contractor conducted a site assessment of the property in April and June of 2004 and proceeded to obtain bids for clean up until State funding issues forced MDEQ to request assistance from U S EPA MDEQ had consolidated sampled, and overpacked almost all waste streams The only material that is not in overpacks is materials in vats however analytical was performed on the material A full asbestos survey was done on the facility and identified asbestos containing material In addition, baseline air samples for asbestos were collected and air sample results were all less than applicable regulations for respiratory protection (0.1 f/cc [OSHA] 0.05 f/cc [Michigan Dept of Labor] and 0.05 f/cc [US EPA AHERA 40 CFR part 763]

WASTE TYPES (X) Liquid (X) Solid (X) Sludge (X) Gas () Unknown () Other**WASTE CHARACTERISTICS** *Check as many as applicable*

(X) Corrosive (X) Flammable () Radioactive
(X) Toxic () Volatile () Reactive
() Inert Gas () Unknown (X) Other Specify PCB

WORK ZONES*Describe the Exclusion, Contamination Reduction, and Support Zones in terms on site personnel will recognize*

START will be collecting samples from all areas of the building and outside property

HAZARDS OF CONCERN

() Heat Stress *attach guidelines* () Noise
(X) Cold Stress *attach guidelines* (X) Inorganic Chemicals
() Explosive/Flammable () Organic Chemicals
() Oxygen Deficient () Motorized Traffic
() Radiological () Heavy Machinery
() Biological (X) Slips Trips & Falls
(X) Other Specify Hand tools

FACILITY'S PAST AND PRESENT DISPOSAL METHODS AND PRACTICES

It is unknown what the past disposal practices were at the facility Under Carter Coat, MDEQ identified the facility as a conditionally exempt small quantity generator of hazardous wastes

HEALTH AND SAFETY PLAN FORM		<i>This document is for the exclusive</i>		TN & ASSOCIATES	
TN&Associates Health and Safety Program		<i>use of TN&Associates its subcontractors and EPA</i>		Site Name Carter Coat	
HAZARDOUS MATERIAL SUMMARY <i>Circle waste type and estimate amounts by category</i>					
CHEMICALS <i>Amount/Units</i>	SOLIDS <i>Amount/Units</i>	SLUDGES <i>Amount/Units</i>	SOLVENTS <i>Amount/Units</i>	OILS <i>Amount/Units</i>	OTHER. <i>Amount/Units</i>
Acids 5 gallons	Asbestos a lot	Paints 600 gallons		Gasoline 6 000 gallons or diesel)	
Caustics 5 gallons	Metals arsenic lead and chromium			PCBs unknown	
OVERALL HAZARD EVALUATION ()High ()Medium (X)Low ()Unknown JUSTIFICATION A full site assessment was performed by MDEQ in 2004 MDEQ had secured the building since then and have made site visits to verify that there has been no changes in conditions They last visited the site approximately					
FIRE/EXPLOSION POTENTIAL ()High ()Medium (X)Low ()Unknown					
INFORMATION COMPLETE (X)Complete ()Incomplete ()Best Available at Current Time					

HEALTH AND SAFETY PLAN FORM TN & Associates Health and Safety Program				This document is for the exclusive use of TN&Associates its subcontractors and EPA	TN & ASSOCIATES Site Name Carter Coat
KNOWN CONTAMINANTS	NIOSH REL (ST if Available) ppm or mg/m ³ (specify)	OSHA PEL (ST if Available) ppm or mg/m ³ (specify)	IDLH ppm or mg/m ³ (specify)	SYMPTOMS & EFFECTS OF ACUTE EXPOSURE	PHOTO IONIZATION POTENTIAL
Arsenic (Inorganic)	Ca C 0 002 mg/m ³ [15 minute]	TWA 0 010 mg/m ³	5 mg/m ³	Ulceration of nasal septum dermatitis gastrointestinal disturbances peripheral neuropathy respiratory irritation, hyperpigmentation of skin, [potential occupational carcinogen]	N/A
Lead	TWA 0 050 mg/m ³	TWA 0 050 mg/m ³	100 mg/m ³	Lassitude (weakness exhaustion) insomnia, facial pallor anorexia, weight loss malnutrition, constipation, abdominal pain, colic anemia, gingival lead line tremor paralysis wrist, ankles encephalopathy kidney disease irritation eyes hypotension	N/A
PCB	Ca TWA 0 001 mg/m ³	TWA 0 5 mg/m ³	5 mg/m ³	Irritation eyes chloracne liver damage reproductive effects [potential occupational carcinogen]	N/A
Mercury (Metallic)	Hg Vapor TWA 0 05 mg/m ³ [skin] Other C 0 1 mg/m ³ [skin]	C 0 1 mg/m ³	10 mg/m ³	Irritation eyes skin, cough chest pain, dyspnea (breathing difficulty) bronchitis pneumonitis tremor insomnia, irritability indecision, headache lassitude (weakness exhaustion) stomatitis salivation, gastrointestinal disturbance anorexia, weight loss proteinuria	N/A
Kerosene/Fuel Oil	TWA 100 mg/m ³	None	N D	Irritation eyes skin, nose throat; burning sensation in chest; headache nausea, lassitude (weakness exhaustion) restlessness incoordination, confusion, drowsiness vomiting diarrhea, dermatitis chemical pneumonitis (aspiration liquid)	N/A
asbestos	0 1 f/cc	0 1 f/cc	NA	Asbestosis breathing difficulty irritation of eyes	NA
Chromium (III)	TWA 0 5 mg/m ³	TWA 0 5 mg/m ³	25 mg/m ³	Irritation eyes sensitization dermatitis	Properties vary
NA = Not Available		NE = None Established		U = Unknown	Attach to this plan, an MSDS for each chemical you will use at the site
S = Soil	SW = Surface Water	T = Tailings	W = Waste	SD = Sediment	
A = Air	GW = Ground Water	SL = Sludge	D = Drums	OFF = Off Site	

HEALTH AND SAFETY PLAN FORM				<i>This document is for the exclusive use of</i>		TN & ASSOCIATES	
TN & Associates Health and Safety Program				<i>TN&Associates its subcontractors and EPA</i>		Site Name Carter Coat	
Task Description / PPE / Personnel & Responsibilities (attach additional sheets as necessary)							
Task 1	Documentation of site conditions					Type	Hazard Schedule
Description						Non Intrusive	Low
Primary Level D Modified	Respiratory				Contingency Level D	Respiratory	
	Eyewear	Safety Glasses				Eyewear	
	Boots	Steel Toe	Latex Bootie			Boots	Steel Toe
	Gloves	Inner				Gloves	
PPE	Clothing				PPE	Clothing	
Task 2	Sample collection (Except USTs)					Type	Hazard Schedule
Description						Non Intrusive	Low
Primary Level D Modified	Respiratory				Contingency Level C Modified	Respiratory	APR GMC P-100
	Eyewear	Safety Glasses				Eyewear	Safety Glasses
	Boots	Steel-Toe	Latex Bootie			Boots	Steel Toe
	Gloves	Inner				Gloves	Inner Nitrile
PPE	Clothing	Tyvek Coverall			PPE	Clothing	Tyvek Coverall
Task 3	UST Sample Collection					Type	Hazard Schedule
Description						Intrusive	Low
Primary Level C	Respiratory	APR GMC P 100			Contingency Level C	Respiratory	APR GMC P 100
	Eyewear	Safety Glasses				Eyewear	Safety Glasses
	Boots	Steel Toe	Latex Bootie			Boots	Steel-Toe Latex Bootie
	Gloves	Inner				Gloves	Inner
PPE	Clothing	Tyvek Coverall			PPE	Clothing	Tyvek Coverall
Task 4						Type	Hazard Schedule
Description							
Primary Level	Respiratory				Contingency Level	Respiratory	
	Eyewear					Eyewear	
	Boots					Boots	
	Gloves					Gloves	
PPE	Clothing				PPE	Clothing	
PERSONNEL AND RESPONSIBILITIES							
Name	Company/Agency	Training	Responsibilities				
Stephen Wolfe	TN&A	OSHA 40 Hr	PM SSO Sampler				

HEALTH AND SAFETY PLAN FORM		<i>This document is for the exclusive use of TN&Associates its subcontractors and EPA</i>		TN & ASSOCIATES
TN & Associates Health and Safety Program				Site Name Carter Coat
Monitoring Equipment		<i>Specify by task Indicate type as necessary Attach additional sheets if needed.</i>		
Tasks 3	Instrument Combustible Gas Indicator LEL Multi RAE	Level D	Action Guidelines	Comments
Tasks 1 2 3	Instrument Photoionization Detector Multi RAE	Level D	Action Guidelines	Comments
Tasks	Instrument	Level	Action Guidelines	Comments
Tasks	Instrument	Level	Action Guidelines	Comments
Tasks	Instrument	Level	Action Guidelines	Comments

HEALTH AND SAFETY PLAN FORM

*This document is for the exclusive use of TN&Associates its
subcontractors and EPA*

TN & ASSOCIATES**TN&Associates Health and Safety Program****Site Name Carter Coat****EMERGENCY CONTACTS**

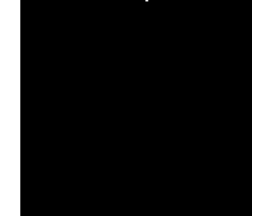
Site Telephone NA
EPA Release Report #
TN&Assoc 24 Hr Emergency # 678 255 5524
Facility Management
Other (specify)
CHEMTREC Emergency # 1 800-424 9300

CONTINGENCY PLANS*Summarize below*

Contact corporate Health and Safety officer William Fink, at 414 234 7845

EMERGENCY CONTACTS**NAME**

Health and Safety Manager Bill Fink
Project Manager Steve Wolfe
Site Safety Coordinator Steve Wolfe
Client Contact (EPA RPM) Jeff Kimble
Other (EPA HRS coordinator)
State Agency MDEQ Pat Thornton
State Spill Number
Fire Department
Police Department
State Police
Health Department
Poison Control Center
Occupational Physician Dr. Jerry Berke
Health Resources

Non-Responsive

NA
911 or 313 596 2900
911 or 313 876 0063
911
NA
800 848-6946
800 350-4511

MEDICAL EMERGENCY**PHONE**

Hospital Name Greater Detroit Hospital 313 369 3000
Hospital Address 3105 Carpenter Street, Detroit, MI
Name of Contact at Hospital
Name of 24 Hour Ambulance American Ambulance 313 863 2000
Route to Hospital (see attached sheet)

HEALTH AND SAFETY PLAN APPROVALS

Prepared by _____ Date _____
DHSC Signature _____ Date _____
HSM Signature _____ Date _____

Distance to Hospital 2.6 miles

HEALTH AND SAFETY PLAN SIGNATURE FORM

TN & Associates Health and Safety Program

All site personnel must sign this form indicating receipt of the H&SP. Keep this original on site. It becomes part of the permanent project files. Send a copy to the Health and Safety Manager (HSM).

SITE NAME/NUMBER: Carter Coat / S05-0709-001

DIVISION/LOCATION: T N & Associates, Chicago, IL

DATE: _____

I understand, and agree to comply with, the provisions of the above referenced H&SP for work activities on this project. I agree to report any injuries, illnesses or exposure incidents to the site Health and Safety Coordinator (SHSC). I agree to inform the SHSC about any drugs (legal and illegal) that I take within three days of site work.

PRINTED NAME	SIGNATURE	DATE
Karen Campbell	Karen Campbell	9/2/08